

Date

AGS Logistics Pvt Ltd.

Attn: Accounts Deptt.

Subject : Credit Facility

Dear Sir / Madam,

We wish to avail credit facilities from your organization and accordingly furnish the requisite information as under

1 Name

2.Address

3.Telephone No.

4.fax No

5.Constitution

(a)Type/Status of Co.

f

Domestic

M.N.C

(b).Year of establishment
incorporation

Year of Establishment /

(c).ROC Regn.No.& CIN with
State name in which co.registered

(In case of company)

(d) Permanent Account #

(e) Banker's Name & Address
with Telephone #



(f).Annual Turn Over (latest)

6. Names of the Directors
Partners / Proprietor (As
applicable / please attach
separate sheet if required)

(a)Name of the sister concern (If any)

7.Name of contact person with designation

(a).For Operation related matters

(b).For Payment / accounting related matters

PS: Please mention the address below, if the above referred contact sits in some other location other than the above mentioned address (against point no. 2)

AS SAME
ABOVE

8. Business Line

9. Total Credit amount required

10. Credit period requested

Your attention is drawn to the AGS credit terms:

- 1)Accounts are payable within 30 days of issue of invoice.
- 2)Accounts for Duty, V.A.T and Disbursements are payable immediately.

11.Any other facility required

By 'Submitting' this application you will confirm:

- 1)Your acceptance of our current terms and conditions (as per FFAI Standard Trading Conditions).
- 2)You understand that your goods are not INSURED unless you request "full all risk" cover/marine policy writing, in which case a premium will be charged at current rates.

For (Company's Name)

(Authorised Signatory)

Name:

Designation:

(Please submit it on the letter head and affix chop)